

# KIDSNET Update



September 2010  
Volume 6, Issue 9

**KIDSNET facilitates the collection and appropriate sharing of health data with healthcare providers, parents, MCH programs and other child service providers for the provision of timely and appropriate preventive health and follow up.**

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**KIDSNET Welcomes:** Crayons & Lollipops

### **Really Simple Syndication (RSS):**

To better communicate with healthcare providers the Immunization Program has begun posting memos, updates, and advisories on the Rhode Island Department of Health (HEALTH)'s news page (<http://www.health.ri.gov/news/immunization/>). Please add this link to your *Favorites* and consult this page often for important messages from the Immunization Program.

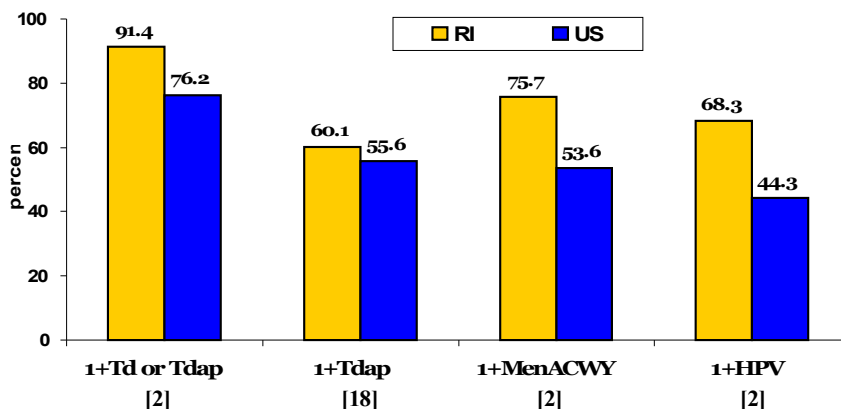
### **National Immunization Survey (NIS) 2009 for KIDSNET:**

The Advisory Committee for Immunization Practices (ACIP) recommends that adolescents routinely receive the following vaccines: meningococcal conjugate (MenACWY, 1 dose); tetanus, diphtheria, acellular pertussis (Tdap, 1 dose); and (for females) human papillomavirus (HPV, 3 doses). Since 2006, the Centers for Disease Control and Prevention (CDC) has conducted the National Immunization Survey – Teen (NIS-Teen) to estimate the vaccination rates of adolescents from 13 to 17 years of age.

According to the results of 2009 NIS-Teen (presented below), Rhode Island has achieved excellent vaccination rates compared with the nation as a whole. Vaccination rates for 1+ Td or Tdap, 1+ MenACWY, and 1+ HPV were more than 15 percent higher than national averages (91.4% vs 76.2% for 1+ Td or Tdap; 75.7% vs. 53.6% for 1+ MenACWY; and 68.3% vs. 44.3% for 1+ HPV).

That means our universal free vaccine policy for children, our vigorous use of KIDSNET to support immunization, our outreach in schools and communities, and the strong support of healthcare professionals throughout the state has kept us in the top tier nationally. However, more effort is needed to continue to increase the number of adolescents vaccinated to achieve national Health People 2010 objective of 90% for each vaccine.

### **Estimated Vaccination Coverage\*\* Among Adolescents Aged 13 -17 years RI vs. US, 2009**



\*\* Vaccines Routinely Recommended for Adolescents  
Rhode Island Rank out of 50 States and DC is in [ ]

For more information about KIDSNET, please visit our website: [www.health.ri.gov/family/kidsnet](http://www.health.ri.gov/family/kidsnet).  
Call the HEALTH Information Line at 401-222-5960 with any questions or suggestions.

## **KIDSNET Reports**

### **Immunization Report**

In August 2010, the following 46 pediatric practices ran the missing immunization report:

Allen Berry Health Center – PCHC, Atwood Pediatrics, Inc., Block Island Medical Center, Bonner & Leconte, Bristol County Pediatrics, Capitol Hill Health Center – PCHC, Central Health Center – PCHC, Chad Brown Health Center, Charles J. Deangelis, MD, FAAP, Ltd, Children's Choice Pediatrics, Concannon & Vitale, Corsi & Fraioli, Cumberland Pediatrics, Douglas Foreman, DO, East Bay Pediatrics and Adolescent Medicine, East Side Pediatrics, Everett Wilcox Center, Family Health Services – Cranston, Family Medcenter, Family Medicine Specialists, Inc., Family Treatment Center, Hillside Avenue Family and Community Medicine, Jennifer Souther, MD, Kingstown Pediatrics, Narragansett Indian Health Center, Ocean State Pediatrics, Olneyville Health Center – PCHC, Pediatric Associates, Inc., Petteruti Family Practice, Primary Care Center of Quality Hill, RI Healthcare Family Practice, Richard Ohnmacht, MD, Ltd, Smithfield Pediatrics, Spectrum Family Health, Stephen Maguire, DO, Stuart V. Demirs, MD, Sunshine Pediatrics, University Pediatrics, Wakefield Pediatrics, Warren Family Practice Associates, Wellone – Foster, Wellone - North Kingstown, Wellone – Pascoag, Westerly Pediatrics and Wood River Health Services

### **Lead Screening Report**

In August 2010, the following 22 pediatric practices ran the report for children never screened for lead poisoning:

Chad Nevola, MD, Cheryl Flynn, MD, Concannon & Vitale, Cumberland Pediatrics, Douglas Foreman, DO, East Bay Pediatrics and Adolescent Medicine, Everett Wilcox Center, Family Medcenter, Family Medicine Specialists, Inc., Family Treatment Center, Jennifer Souther, MD, Lincoln Pediatric Associates, New England Medical Office, Park Pediatrics, Petteruti Family Practice, RI Healthcare Family Practice, Stephen Maguire, DO, Stuart V. Demirs, MD, Sunshine Pediatrics, Warren Family Practice Associates, Wellone – Pascoag and Westerly Pediatrics

### ***Updated contact information:***

Healthcare providers must provide current email addresses to receive updated information from HEALTH's Immunization Program, including information about the flu, flu vaccines, and other vaccines. The Immunization Program will only communicate news and updates to healthcare providers through email. To update your contact information, visit <http://kidsnet.health.ri.gov/vaccine> and login either through KIDSNET or the SSV login page. From the SSV Practice Menu select Contact Information, Delivery Information or Licensed Vaccine Provider Information, and make any necessary changes. Make sure to click the Save or Next Page button on the bottom of the screen.

### ***Latex Labeling for Influenza Vaccine:***

The tip caps of the pre-filled syringes of certain vaccines (including both flu and non-flu vaccines) might contain natural rubber latex that may cause allergic reactions in latex-sensitive individuals. Affected formulations of flu vaccines include Agriflu, Fluarix, Fluvirin, and Fluzone. The manufacturers of these vaccines are working with the U.S. Food Drug Administration (FDA) to include the information about latex in its package labeling and other communications. Public vaccine shipments distributed by McKesson will not include this information. HEALTH has posted links to flyers from each of the manufacturers involved regarding the possibility of latex in the tip caps of pre-filled syringes. These can be found at: <http://www.health.ri.gov/news/immunization/>. These packaging changes may delay the distribution of the vaccines involved. We will inform you as soon as possible when and if we receive notification of vaccine shipment delays.

### ***Fall Wellness Exams and Immunizations:***

Its time to plan ahead for your patients vaccination needs. Children who will enter kindergarten in the fall of 2011 should receive all the required immunizations for kindergarten entry at the time of their annual wellness visits this year. Children currently in the 6<sup>th</sup> grade should receive all the required immunization for entry into the 7<sup>th</sup> grade at the time of their annual wellness visits this year. Children who have their annual visit before their 5<sup>th</sup> birthday should still receive the vaccines since they are required **prior** to school entry. Likewise, children in the 6<sup>th</sup> grade who are at least 10 years old should receive all vaccines required for 7<sup>th</sup> grade entry. Since insurers provide coverage for a single wellness visit every 12 months it is important to evaluate what vaccines are needed prior to next year's school entry. While immunization-only visits can be scheduled prior to the beginning of the school year, this is often inconvenient for families and can be avoided by planning ahead.

### ***Live Virus Vaccines and School-Aged Children:***

MMR, varicella and FluMist nasal spray are live virus vaccines that are routinely administered in healthcare providers' offices to school-aged children. As with any live virus vaccine, doses of these vaccines must either be administered simultaneously or with a minimum of 28 days between doses. Prior to administering a live virus vaccine, healthcare providers should consult KIDSNET for the child's recent vaccine administration history **and** ask the child's parent about any vaccines the child has recently received. This is particularly important this year because FluMist will be available at school-based flu vaccination clinics. Additionally, high schools will be hosting Vaccinate Before You Graduate clinics at which MMR and varicella vaccines may be administered.